No. **W 70139**	**Due no later than Jan 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** DR. KACI B. JENSEN, PLLC DR KACI B JENSEN 9755 W LEO DR BOISE ID 83709	DR KACI B JENSEN 9755 W LEO DR BOISE ID 83709 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	DR KACI B JENSEN	9755 W LEO DR	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 70139**	Signature: Kaci B. Jensen, DDS	Date: 12/16/2016
	Name (type or print): Kaci B. Jensen, DDS	Title: Member

Processed 12/16/2016

* Electronically provided signatures are accepted as original signatures.